



APPLICATION FOR COSMETOLOGY INSTRUCTOR BY RECIPROCITY

State Form 46041 (R / 1-97)

Approved by State Board of Accounts, 1996

* Your Social Security number is being requested by this agency in accordance with IC 4-1-8-1; however, it is not mandatory that it be given. Social Security numbers are made available to the Department of Revenue.

Indiana Professional Licensing Agency
State Board of Cosmetology Examiners
302 W. Washington St., Rm. E034
Indianapolis, Indiana 46204
Telephone: (317) 232-2980

NO FEE

INSTRUCTIONS

Complete application and submit with the following:

1. A letter of certification of your license, completed by the licensing board of the state where you are currently licensed. This certification must carry the state seal.
2. A recent photograph (3" x 5") of applicant must accompany this application.

Indiana requirements for reciprocity:

1. You must hold a current Indiana cosmetology license;
2. You must have actively practiced cosmetology for at least six (6) months in a cosmetology salon and SUBSEQUENTLY successfully completed one thousand (1,000) hours of instructor training in a cosmetology school during a period of at least six (6) months.

Successful completion of written and practical examinations at the state level is required.

NOTE: Pursuant to 820 IAC 2-2-1, an individual who applies for an instructor license under IC 25-8-4-2 or IC 25-8-4-3 in addition to qualifying under those sections must pass an examination on Indiana statutes and rules applicable to cosmetology before being licensed. An examination application will be forwarded to you upon approval of this reciprocity application by the Indiana State Board of Cosmetology Examiners.

PRINT OR TYPE

THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY THE APPLICANT

PART A: IDENTIFYING INFORMATION

Title of license for which you are applying

Name (first)

M.I. Name (last)

Name (maiden, if applicable)

* Social Security number

Permanent mailing address (number and street)

City

State

ZIP code

County

Date of birth (month, day, year)

Age

Area code

Telephone number

PART B: PRELIMINARY EDUCATION

Circle the number of years completed

1 2 3 4 5 6 7 8 9 10 11 12

Received GED?

☐ No ☐ Yes

Date (Mo., Day, Yr.)

Name of grade school

Address of grade school

Dates attended (from- to; month, year)

Date graduated (month, day, year)

Name of high school

Address of high school

Dates attended (from-to; month, year)

Date graduated (month, day, year)

PART C: RECORD OF LICENSURE

Complete the information below concerning your license to practice the profession named in Part A of this application.

State of original license

Title of original license

Number of original license

Date of issue (month, year)

State of current license

Title of current license

Number of current license

Date of issue (month, year)

PART D: RECORD OF TRAINING AND GRADES

Name of school of cosmetology

Dates attended (From -To)

Address of school (street, city, state, ZIP code)

Total credit hours earned

Did you complete the course?

☐ Yes ☐ No

Final practical grade

Final written grade

Date of final examination (mo., day, yr.)

Date of graduation (mo., day, yr.)

Over

PART E: STATEMENT		
<p>I do hereby certify and declare that I have not been convicted of a crime that has a direct bearing on my ability to competently perform the acts authorized by the license nor have I been convicted of an act for which I could be disciplined under I.C. 25-8-14; and that I will abide by and obey all provisions of the law and rules adopted by the board.</p> <p>I hereby certify that I personally completed this application and that the answers appearing hereon are true and correct to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for refusal to issue the license for which I am applying, or for disciplinary action against the license which may be issued.</p>		
Signature of applicant	Date signed (<i>mo., day, yr.</i>)	
PART F: NOTARY CERTIFICATE		
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> STATE OF _____ COUNTY OF _____ </div> <div style="width: 5%; text-align: center; font-size: 2em;">}</div> <div style="width: 50%;">SS:</div> </div> <p>I, _____, first being duly sworn on oath say that I am the above named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.</p>		
Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to (<i>Notary Public</i>)	County of residence	Date commission expires

THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY AN INDIVIDUAL HAVING KNOWLEDGE OF THE APPLICANT'S ACTIVE PRACTICE IN A COSMETOLOGY SALON		
PART G: AFFIDAVIT OF COSMETOLOGY PRACTICE		
Name of applicant	License number	
Name of cosmetology salon	Address of cosmetology salon	
Salon license number	Expiration date (<i>mo., day, yr.</i>)	Name of owner / manager of salon
Date of experience (<i>mo., day, yr.</i>) <div style="display: flex; justify-content: space-between;"> FROM: TO: </div>		
Please verify and describe the applicant's active practice of cosmetology.		
Signature of owner / manager of salon	Printed name of owner / manager of salon	
PART H: NOTARY CERTIFICATE		
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> STATE OF _____ COUNTY OF _____ </div> <div style="width: 5%; text-align: center; font-size: 2em;">}</div> <div style="width: 50%;">SS:</div> </div> <p>I, _____, first being duly sworn on oath say that I am the above named, that I have personally prepared the foregoing affidavit, and that the same is true to the best of my knowledge and belief.</p>		
Signature of owner / manager	Signature of Notary Public	
Printed or typed name of owner / manager	Printed or typed name of Notary Public	
Date subscribed and sworn to (<i>Notary Public</i>)	County of residence	Date commission expires